

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90153 002 \*\*\*\*61.25

<b>DOCUMENT # N00000005085</b>							
<b>1. Entity Name</b> CHASE PRESERVE OF LELY RESORT NEIGHBORHOOD ASSOCIATION, INC.							
<b>Principal Place of Business</b> STOCK PROPERTY MANAGEMENT 4980 TAMIAI TR #101 NAPLES, FL 34103			<b>Mailing Address</b> STOCK PROPERTY MANAGEMENT 4980 TAMIAI TR #101 NAPLES, FL 34103				
<b>2. Principal Place of Business - No P.O. Box #</b> c/o Sandcastle Community Mgmt Suite, Apt. #, etc. 1719 Trade Center Way, #4 City & State Naples, FL Zip 34109		<b>3. Mailing Address</b> P.O. Box 8478 Suite, Apt. #, etc. City & State Naples, FL Zip 34101		03202007    Chg-NP    CR2E037 (12/06)			
<b>4. FEI Number</b> 65-1087221		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable
Applied For	Not Applicable						
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> STOCK PROPERTY MANAGEMENT 4980 TAMIAI TR SUITE 101 NAPLES, FL 34103					
<b>7. Name and Address of New Registered Agent</b> Name: DeArmas, Eduardo Street Address (P.O. Box Number is Not Acceptable): Sandcastle Community Management, Inc. 1719 Trade Center Way #4 City: Naples    State: FL    Zip Code: 34109		<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE	P BASCH, TERRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	8555 CHASE PRESERVE DRIVE	NAME					
STREET ADDRESS	NAPLES, FL 34113	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	VPT PLUM, TIM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	8487 CHASE PRESERVE DRIVE	NAME					
STREET ADDRESS	NAPLES, FL 34113	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	DPS KREIN, JASON <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	8578 CHASE PRESERVE DR	NAME					
STREET ADDRESS	NAPLES, FL 34113	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.</b>							
<b>SIGNATURE:</b> <u>Terrance C Basch</u>		Date: <u>4/16/07</u>		Daytime Phone #: <u>239-596-7200</u>			